



Halton
Application for a premises licence
Licensing Act 2003

For help contact
legalservices@halton.gov.uk
 Telephone: 0151 511 7879

* required information

Section 1 of 21

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

- Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
- Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is the applicant's business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name If the applicant's business is registered, use its registered name.

VAT number Put "none" if the applicant is not registered for VAT.

Legal status

2 X1014399

Continued from previous page...

Applicant's position in the business LICENSING

Home country United Kingdom

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

Building number or name HILMORE HOUSE

Street GAIN LANE

District

City or town BRADFORD

County or administrative area

Postcode BD3 7DL

Country United Kingdom

Agent Details

* First name GOSSCHALKS LLP

* Family name GOSSCHALKS LLP

* E-mail saskia_riches@gosschalks.co.uk

Main telephone number 01482 324252

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

Agent Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number OC431300

Business name GOSSCHALKS LLP

If your business is registered, use its registered name.

VAT number GB 433613472

Put "none" if you are not registered for VAT.

Legal status Limited Liability Partnership

Continued from previous page...

Your position in the business LICENSING

Home country United Kingdom

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

Building number or name GOSSCHALKS LLP

Street 61 QUEENS GARDENS

District

City or town HULL

County or administrative area

Postcode HU1 3DZ

Country United Kingdom

Section 2 of 21

PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Postal Address Of Premises

Building number or name MARTINS

Street 36 BECHERS

District

City or town WIDNES

County or administrative area

Postcode WAB 4TE

Country United Kingdom

Further Details

Telephone number

Non-domestic rateable value of premises (£) 5,800

Section 3 of 21

APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company / limited liability partnership
- A partnership (other than limited liability)
- An unincorporated association
- Other (for example a statutory corporation)
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of His Majesty's prerogative

Section 4 of 21

NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

COMPANY.

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

* Date of birth / /
dd mm yyyy

* Nationality Documents that demonstrate entitlement to work in the UK

Add another applicant

Section 5 of 21

OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises.

CONVENIENCE STORE.

Continued from previous page...

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

Section 6 of 21

PROVISION OF PLAYS

See guidance on regulated entertainment

Will you be providing plays?

Yes

No

Section 7 of 21

PROVISION OF FILMS

See guidance on regulated entertainment

Will you be providing films?

Yes

No

Section 8 of 21

PROVISION OF INDOOR SPORTING EVENTS

See guidance on regulated entertainment

Will you be providing indoor sporting events?

Yes

No

Section 9 of 21

PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

See guidance on regulated entertainment

Will you be providing boxing or wrestling entertainments?

Yes

No

Section 10 of 21

PROVISION OF LIVE MUSIC

See guidance on regulated entertainment

Will you be providing live music?

Yes

No

Section 11 of 21

PROVISION OF RECORDED MUSIC

See guidance on regulated entertainment

Will you be providing recorded music?

Yes

No

Section 12 of 21

PROVISION OF PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing performances of dance?

Continued from previous page...

Section 13 of 21

PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes No

Section 14 of 21

LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Yes No

Section 15 of 21

SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

Continued from previous page...

SUNDAY

Start 06:00

End 23:00

Start

End

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name

First name

Family name

Date of birth / /
dd mm yyyy

Continued from previous page...

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number
(if known)

LEEDS/PERL/09513/18

Issuing licensing authority
(if known)

LEEDS CITY COUNCIL

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

Section 16 of 21

ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

NONE.

Section 17 of 21

HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

Continued from previous page...

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Section 18 of 21

LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

PLEASE SEE ATTACHED.

b) The prevention of crime and disorder

PLEASE SEE ATTACHED.

c) Public safety

PLEASE SEE ATTACHED.

d) The prevention of public nuisance

PLEASE SEE ATTACHED.

e) The protection of children from harm

PLEASE SEE ATTACHED.

Section 19 of 21

NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK

Continued from previous page...

[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my * licence will become invalid if I cease to be entitled to live and work in the UK, (Please read guidance note 15) The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

* Date / /
dd mm yyyy

Once you're finished you need to do the following:
1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/halton/apply-1> to upload this file and continue with your application.
Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE LIABLE TO SUMMARY CONVICTION TO A FINE OF ANY AMOUNT UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED

OFFICE USE ONLY

Applicant reference number	ARG/SR/125106.1285
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	<input type="checkbox"/>

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Next >

Conditions

CCTV shall be provided on the premises and shall be kept in good working order.

All staff engaged in the sale of alcohol will be trained in accordance with the premises licence holder's training procedures.

All staff engaged in the sale of alcohol will receive suitable training (including refresher training) in relation to the proof of age "Challenge 25" scheme to be applied on the premises. The following forms of identification are acceptable: photo driving licence, passport, proof of age standards scheme (PASS) card and Military ID and any other locally or nationally approved form of identification.

All checkout operators will operate a refusal log.

The premises licence holder undertakes ongoing risk assessments in order to comply with Health & Safety Legislation.

Till prompts are in use at the store.

- FIRE SIGNAGE:**
- EMERGENCY LIGHTING
 - FIRE EXIT SIGN
 - FIRE EXIT SIGN WITH ILLUMINATION
 - FIRE EXIT SIGN WITH ILLUMINATION AND ARROW
 - FIRE EXTINGUISHER - WATER
 - FIRE EXTINGUISHER - CO₂
 - FIRE EXTINGUISHER - GAS
 - FIRE EXTINGUISHER - DRY
 - FIRE EXTINGUISHER - MULTIPLE USE
 - FIRE EXTINGUISHER - OTHER
 - FIRE ALARM CONTROL PANEL
 - FIRE ALARM BELL
 - FIRE ALARM SIREN
 - FIRE ALARM MEGAPHONE
 - FIRE ALARM CALLER
 - FIRE ALARM CALLER WITH ILLUMINATION
 - FIRE ALARM CALLER WITH ILLUMINATION AND ARROW
 - FIRE ALARM CALLER WITH ILLUMINATION AND ARROW AND MEGAPHONE
 - FIRE ALARM CALLER WITH ILLUMINATION AND ARROW AND MEGAPHONE AND MOUNTING BRACKET TO BE PROVIDED IN LOCATION

- NOTES:**
1. FIRE EXTINGUISHERS TO BE TO THE STANDARD OF BS 5444 PART 1:1997 AND TO BE APPROVED BY THE FIRE EXTINGUISHER MANUFACTURERS ASSOCIATION (FEMA) AND TO BE APPROVED BY THE EUROPEAN STANDARD EN 3796.
 2. ALL WALL MOUNTED SIGNAGE TO BE 150mm HIGH AND 150mm WIDE.
 3. ALL WALL MOUNTED SIGNAGE TO BE 150mm HIGH AND 150mm WIDE.
 4. CONSTRUCTION DETAILS TO BE AS PER THE EUROPEAN STANDARD EN 12469.

- FIRE STANDARDS:**
1. FIRE EXTINGUISHERS TO BE TO THE STANDARD OF BS 5444 PART 1:1997 AND TO BE APPROVED BY THE EUROPEAN STANDARD EN 3796.
 2. ALL WALL MOUNTED SIGNAGE TO BE 150mm HIGH AND 150mm WIDE.
 3. ALL WALL MOUNTED SIGNAGE TO BE 150mm HIGH AND 150mm WIDE.
 4. CONSTRUCTION DETAILS TO BE AS PER THE EUROPEAN STANDARD EN 12469.

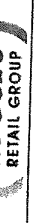
WIDNES BECHERS ROAD
30 MA Bechers Road, Widnes, Merseyside, L35 9ET

6049-SK3-BW5L-001

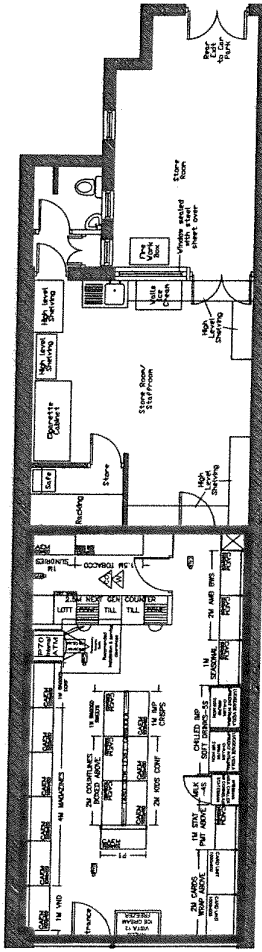
SALLES FLOOR

Scale: 1:100

A3



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EXISTING GROUND FLOOR LAYOUT